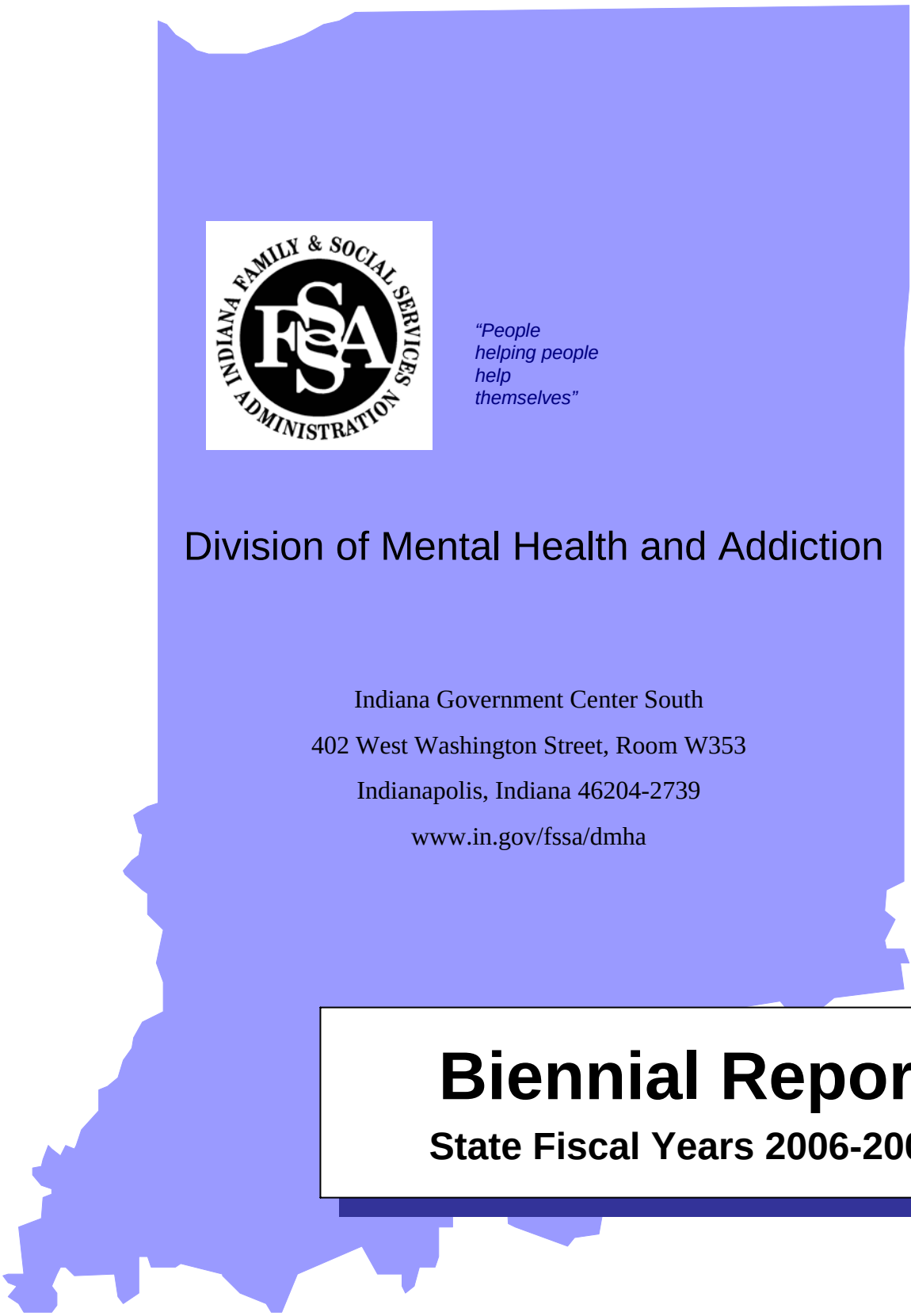


*"People helping people help themselves"*

## Division of Mental Health and Addiction


Indiana Government Center South

402 West Washington Street, Room W353

Indianapolis, Indiana 46204-2739

www.in.gov/fssa/dmha


# Biennial Report

## State Fiscal Years 2006-2007

# From the Director

The Indiana Family and Social Services Administration, Division of Mental Health and Addiction (DMHA), wishes to report on our services and progress in this, our seventh biennial report covering State Fiscal Years 2006 and 2007.

As the Director of the Division of Mental Health and Addiction, I would like to take this opportunity to thank the DMHA staff, including staff at the six psychiatric hospitals, consumers, providers and advocates who have committed to work collaboratively with DMHA in achieving its goals.

As you read the report, you will see that the Division has been focused on transforming the Mental Health and Addiction Care System in Indiana, integrating and enhancing services for adults and children, and involving consumers and families to promote a recovery-oriented system.

Transforming Mental Health and Addiction in the State of Indiana is an ongoing process with involvement of multiple stakeholders including legislators, other state agencies, providers, researchers, advocates and consumers and their families. I invite you to read more about the Transformation initiatives by visiting the Division's website at http://www.in.gov/fssa/dmha/4720.htm.

This biennial report is dedicated to Robert Spear, former Evansville State Hospital Superintendent, who dedicated many years of his career providing service and leadership to the mental health field and individuals with mental illness.

Cathy J. Boggs, Director
Division of Mental Health and Addiction
Family and Social Services Administration

# Mental Health Transformation

In 2003, the President's New Freedom Commission on Mental Health issued a report on the status of mental health care in America. The report titled, Achieving the Promise: Transforming Mental Health Care in America called for a fundamental change in the way mental health services are perceived, accessed, delivered, and financed. Achieving the Promise outlined a clear direction in which America's system for mental health care should change. Since its publication, Achieving the Promise has stimulated significant developments at the national level and proven to be formative to the planning efforts of the SAMHSA Center for Mental Health Services and the Mental Health Block Grant Program.

Achieving the Promise declared that millions of Americans with mental illnesses are denied the promise of recovery and a full life in the communities where they live. Many Americans with mental illness encounter daily struggles with stigma and discrimination and seek services from a fragmented and inadequate service system. The Commission's report outlines six (6) overarching goals for transforming mental health care in America. The goals are as follows:

- Americans Understand that Mental Health is Essential to Overall Health
- Mental Health Care is Consumer and Family Driven
- Disparities in Mental Health Services are Eliminated
- Early Mental Health Screening, Assessment, and Referral to Services are Common Practice
- Excellent Mental Health Care is Delivered and Research is Accelerated
- Technology is Used to Access Mental Health Care and Information

## Transformation in the State of Indiana:

Indiana's Transformation Kick-Off Conference was held October 18 and 19, 2005. Approximately 120 participants heard from state and national speakers about the key elements of the transformation initiative. The Family and Social Services Administration (FSSA) Secretary Mitch Roob discussed the FSSA vision and how Division of Mental Health and Addiction (DMHA) plays a role in achieving that vision; Commissioner J. David Donahue of the Department of Correction discussed the importance of collaborating with DMHA in our efforts to transform the mental health system; Attorney Frances S. Priester of Washington D.C. spoke on her experiences as a consumer of mental health services and gave suggestions regarding transforming mental health; Denny Jones, Consultant to DMHA and FSSA, outlined how a transformed mental health system should look; David Green, Vice President and Chief Procurement Officer of Eli Lilly and Company discussed Relationship Management as it pertains to the transformation initiative; Dr. Ivor Groves, Director of Human Systems and Outcomes, Inc., discussed results management; Dr. Mike Hogan, Director of the Ohio Department of Mental Health and Chair of the President's New Freedom Commission, discussed effective models of care; and Cathy Boggs, Director of DMHA, identified and discussed several critical pieces of transformation.

A statewide Transformation Work Group (TWG) was developed to guide the transformation process with Denny Jones as the Visionary Leader and Chair of the TWG. The TWG consists of 45 members representing various entities such as State Legislators, Consumers and Family Members, Advocates, Mental Health and Addiction Providers, and State Agencies. The following five subcommittees were established to assist in the transformation process:

## 1. Consumer/Family Involvement

The purpose of this subcommittee is to enhance focus on specific statewide and local methods to ensure consumers and families are full partners in planning for, delivering and evaluating culturally competent mental health and addiction care. The Division of Mental Health and Addiction, Office of Family and Consumer Affairs, assists by insuring family and consumer involvement through regular meetings with family and consumer groups.

## 2. Results Management and Knowledge Dissemination and Use

This subcommittee led the charge in implementing the Consumer Service Review (CSR) protocols and process to assist the Division in measuring the results of Community Mental Health Center (CMHC) Providers. In State Fiscal Year 2006 (SFY06), training was provided to CSR reviewers on the adult and youth protocol. The Community Mental Health Centers in the Central region, Indianapolis and surrounding counties, served as a pilot test and began the baseline data collection process. A second training was conducted for CSR reviewers in State Fiscal Year 2007 (SFY07) and reviews were conducted on the remaining CMHCs. Three hundred cases were reviewed (156 adults and 144 children) and a total of 1,850 persons were interviewed during the CSR process.

## 3. Relationship Management

This subcommittee was designed to intensify and improve common understanding, metrics, and deliverables between DMHA and contracted mental health and addiction providers. The primary focus for this subcommittee has been to develop a process and means to implement Performance Based Contracting for all DMHA providers who are certified as DMHA Managed Care treatment providers receiving Hoosier Assurance Plan (HAP) funding. Performance based contracts are being implemented for State Fiscal Year (SFY08).

## 4. Cross Systems Initiatives

The Cross Systems subcommittee is a multi-agency collaboration. It's purpose is to identify other entities working on priority areas, identify best practices or models for systems change, develop specific strategies in each identified area, develop points of measurement, implement strategies and report to the TWG and recommend policy, rule or code changes.

## 5. Delivery and Financing

The goals of this subcommittee are to define desired outcomes for individuals receiving behavioral health services, define service array that will support defined outcomes and will support recovery and resiliency-based principles of care, and develop and implement funding methods that support these services.

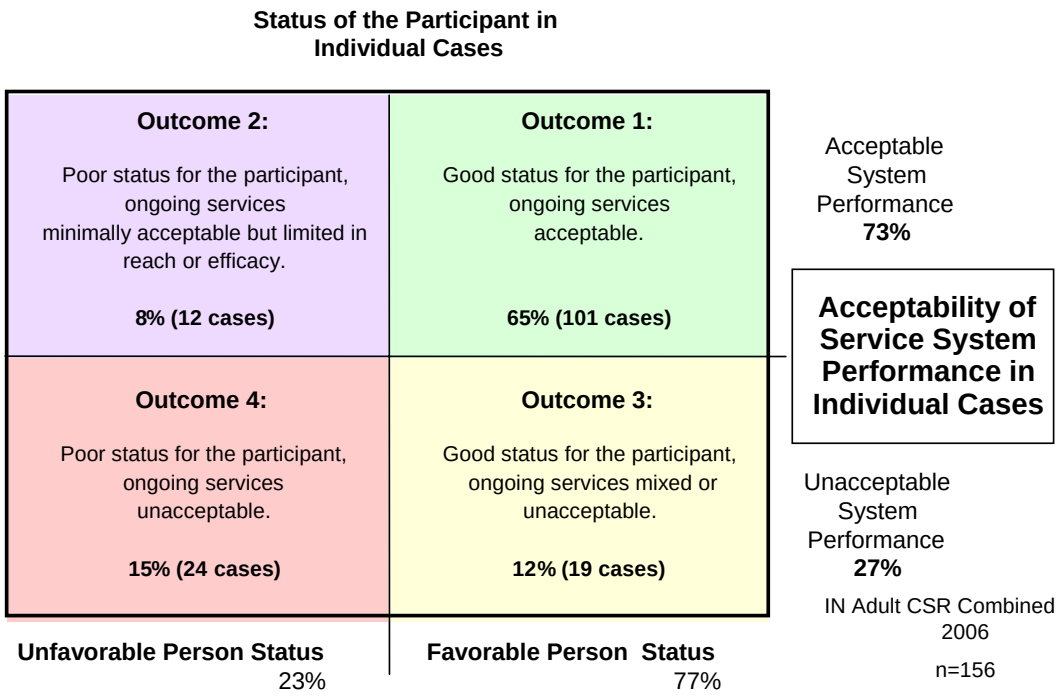
## Consumer Service Reviews:

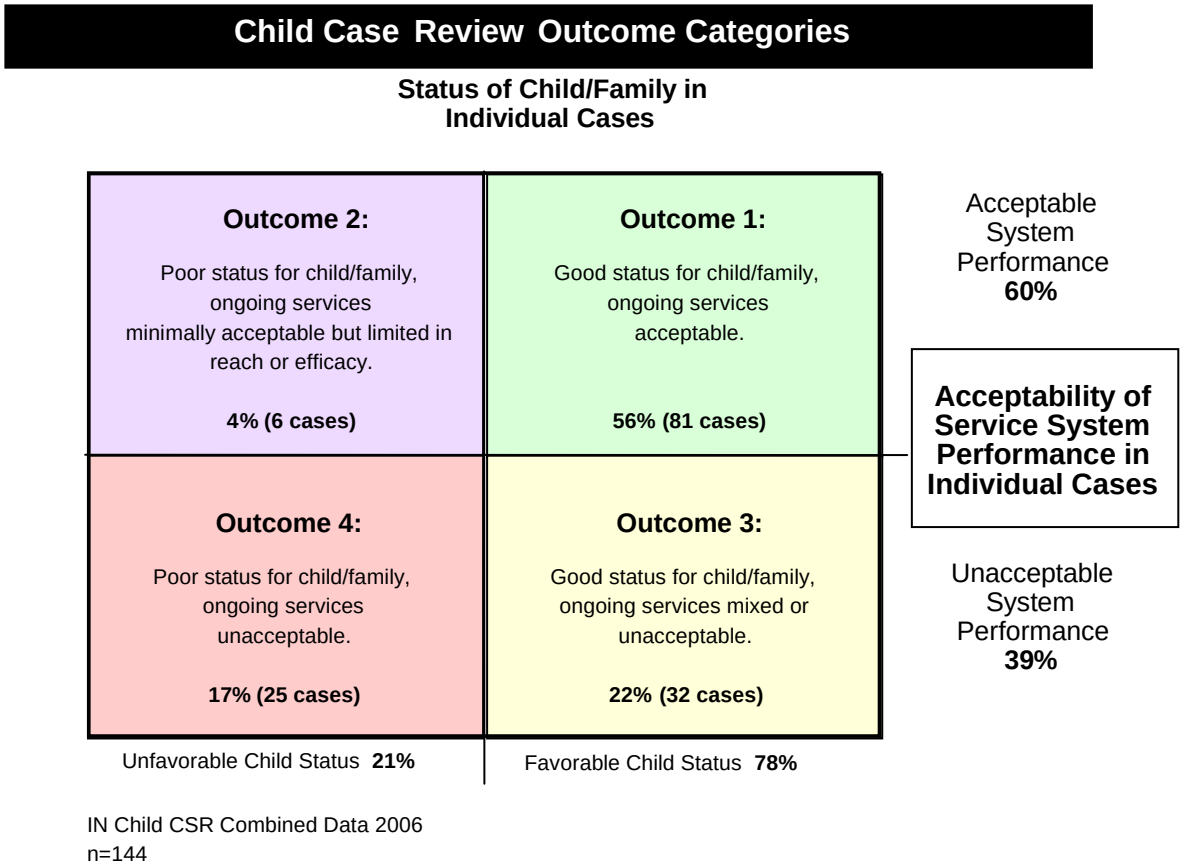
The implementation of assessment tools that promote communication across Indiana's service systems is one strategy to transform Indiana's behavioral health system. In January of 2006, the Division of Mental Health and Addiction announced its plans to conduct Consumer Service Reviews with all Community Mental Health providers across the state. The Consumer Service Review model is a Results Management initiative within the Transformation effort that assists the Division in gathering data on the quality and impact of mental health and addiction services in Indiana. CSR shifted from a spotlight on documentation, seen previously in compliance reviews and audits, to a focused review on practice, performance improvement and results. A random sample of cases is drawn from each provider. These cases are reviewed in relation to several different indicators which fall in the areas of consumer status and progress, as well as practice and performance of the provider. Reviews consist primarily of interviews with the consumer, family members, treatment team providers and others involved in the services provided. This includes persons outside the mental health agency, such as educators, Department of Child Services (DCS) staff, clergy and employment specialists. Concurrent focus groups are held with community stakeholders to assess successes and challenges to interagency collaborations and availability of community resources to support consumers of mental health services.

The final report for the 2006 Consumer Service Reviews was released the week of February 12, 2007. Results of the review revealed both strengths and challenges to the service delivery system. The final report as well as other information regarding CSR is posted on the DMHA website at: http://www.in.gov/fssa/dmha/4733.htm

The following tables summarize the results for Adult and Child Case Review Outcome Categories.

**Adult Case Review Outcome Categories**






## Child and Adolescent Needs and Strengths (CANS) Assessment:

DMHA, working with a range of stakeholders, has chosen to implement the Child and Adolescent Needs and Strengths (CANS) Assessment tool and the Adult Needs and Strengths Assessment (ANSA) tool for the purpose of using data to make practice and policy decisions. The CANS was implemented in July 2007 within the DMHA funded mental health and addiction system. It is also being used by programs within the Department of Correction residential and targeted re-entry programs, by the Department of Child Services residential providers and targeted community based programs, by one Indianapolis school system supported by the Department of Education, and in a local juvenile justice pilot. The CANS will also be used to determine eligibility and to monitor outcomes for the Community Alternative to Psychiatric Residential Treatment Facility Medicaid Demonstration grant. The ANSA will be implemented in July 2008 within the DMHA funded mental health and addiction system. Other potential users of the ANSA include residential providers serving older youth and the aging population, Vocational Rehabilitation and Medicaid.

Using these assessment tools across systems, such as those listed above, recognizes that behavioral health services are provided across public child and adult service systems. Information gathered as a result of using standard assessment tools will support decisions at multiple levels including direct services, supervision, program management and systems management. Information based on the needs and strengths of children and adults is the foundation for decision support, monitoring outcomes and quality improvement initiatives.

# Other DMHA Strategic Initiatives

## Strategic Prevention Framework State Incentive Grant (SPF SIG):

On August 22, 2005, Charles Curie, Administrator of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), notified Governor Mitch Daniels that Indiana was the recipient of a five-year, $11.66 million SAMHSA Center For Substance Abuse Prevention (CSAP) Strategic Prevention Framework State Incentive Grant (SPF SIG) to improve overall public health and create healthy Indiana communities through a process that begins by assessing the State's health status. The grant includes advancing community-based programs addressing identified deficits through the creation of a cross-program, cross-system approach to health promotion and disease prevention. This project is led by a Governor-appointed advisory council supported by an epidemiological work group charged with data collection, analysis and reporting.

## Community Alternatives to Psychiatric Residential Treatment Facilities (CA PRTF) Grant:

In January 2007, DMHA was awarded a Medicaid demonstration grant by the U.S. Department of Health and Human Services to develop treatment alternatives for children with serious emotional disturbance served in 24-hour secure residential facilities. Indiana is one of ten (10) states selected to participate in the $218 million Community Alternatives to Psychiatric Residential Treatment Facilities demonstration project. Over five (5) years, Indiana is projected to receive approximately $21 million to offer intensive community-based services to as many as 225 youth each year when the grant is fully implemented.

# Policy Oversight

A critical role of the Indiana Family and Social Services Administration, Division of Mental Health and Addiction is to provide policy oversight for the publicly funded mental health and addiction services system. DMHA is responsible for establishing criteria used to determine consumer eligibility, for ensuring that service providers comply with state guidelines, and for assuring the quality of services required by the continuum of care as defined in Indiana statute. DMHA operates six (6) state psychiatric hospitals and contracts with community mental health centers and child and addiction treatment providers to offer a full continuum of mental health and addiction treatment services. DMHA also funds community based alcohol, tobacco and drug prevention programs.

## Certification/Licensure of Service Providers:

DMHA certifies and licenses all applications for Community Mental Health Centers, Addiction Treatment Services Providers including Opioid Treatment Programs, Residential Care Providers, Assertive Community Treatment Teams and Subacute facilities. DMHA licenses Private Mental Health Institutions (private psychiatric hospitals) and Supervised Group Living facilities in accordance with standards found in the Indiana Code (IC), the Indiana Administrative Code (IAC) and Federal Code. DMHA handles all certification of Managed Care Providers (MCP) who contract directly with DMHA to serve Hoosier Assurance Plan eligible individuals with mental health and addiction diagnoses in Indiana.

## Office of Consumer and Family Affairs:

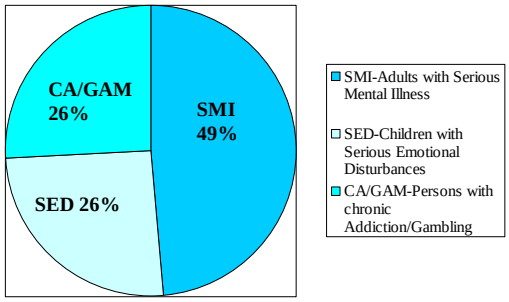
The Office of Consumer and Family Affairs (OCFA) was established in April 2001 in order to ensure that the interests of consumers and their families are represented at all levels of the Division of Mental Health and Addiction Planning and Policy Development within DMHA. The Office of Consumer and Family Affairs represents the consumer and family voice on advisory boards, task forces, stakeholders meetings and public forums. OCFA has also involved other consumers in task forces, training and attendance at national consumer conferences.

## Hoosier Assurance Plan:

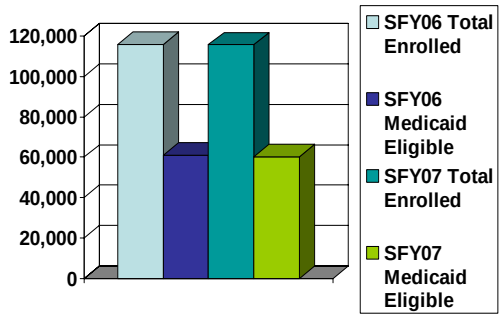
The Hoosier Assurance Plan is the primary mechanism through which DMHA allocates funding to community mental health and addiction providers in the State. Community Mental Health Centers and Managed Care Providers or all providers of mental health and/or addiction services with which DMHA directly contracts, must provide a legislatively mandated “continuum of care” which is a range of services that community mental health centers and addiction treatment providers offer to consumers. Under the Hoosier Assurance Plan, DMHA strives to insure availability of the continuum of care to all eligible citizens. The continuum of care includes individual treatment planning, 24 hour crisis intervention, case management, outpatient services, acute stabilization services, residential and day treatment, family support services, medication monitoring and services to prevent unnecessary hospitalization. In SFY07, 40 community treatment providers held contracts with DMHA for services statewide.

The Hoosier Assurance Plan is intended to ensure service availability to the Indiana population in greatest need of mental health and addiction services. HAP funds are targeted to low-income persons defined as those at or below 200% of the federal poverty level. The four (4) primary populations targeted by DMHA are adults with Serious Mental Illness (SMI), children with Serious Emotional Disturbance (SED), persons with Chronic Addiction (CA) or Compulsive Gambling Disorder (GAM). The pie chart on page eight (8) shows the percentage of total consumers served over SFY06 and SFY07 through HAP for each of the three (3) primary populations.

**Persons Served by Population Type**
**SFY 2006-2007**




**Total Enrolled vs Medicaid Eligible**
**SFY 2006-2007**




**Persons Served by Population Type**

| | SMI | SED | CA/GAM |
|---|---|---|---|
| SFY06 | 56,003 | 29,734 | 30,255 |
| SFY07 | 56,774 | 29,655 | 29,289 |

61.1% of persons served by HAP have a family income that is less than $10,000 per year
75.8% have a family income that is less than $15,000 per year

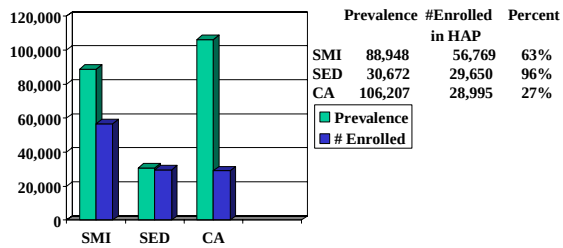
## Indiana Prevalence Rates:

Prevalence numbers are based on federal census information and represent the estimated number of people in a population who are affected by either a mental illness or substance abuse disorder. Since the Hoosier Assurance Plan is available to only those individuals who are at or below 200% of the federal poverty level, DMHA limits prevalence estimates to that population. The table on the below left shows the estimated number of Hoosiers at or below 200% of the federal poverty level that are estimated to have a Serious Mental Illness, Serious Emotional Disturbance or Chronic Addiction. The graph on the right below illustrates the number of Hoosiers at or below 200% of the federal poverty level, estimated to have a SMI, SED or CA compared with the number of HAP-eligible Hoosiers that sought treatment at any of the 40 DMHA contracted providers.

**Estimated Prevalence for Indiana Residents at or Below 200% of the Federal Poverty Level, SFY 2007**

| | |
|---|---|
| Adults with Serious Mental Illness | 88,948 |
| Children with Serious Emotional Disturbance | 30,672 |
| Persons with Chronic Addiction | 106,207 |

**Hoosiers Seeking Services Compared to Prevalence of Illness (at or below 200% of the Federal Poverty Level) SFY 2007**




| | Prevalence | #Enrolled in HAP | Percent |
|---|---|---|---|
| SMI | 88,948 | 56,769 | 63% |
| SED | 30,672 | 29,650 | 96% |
| CA | 106,207 | 28,995 | 27% |

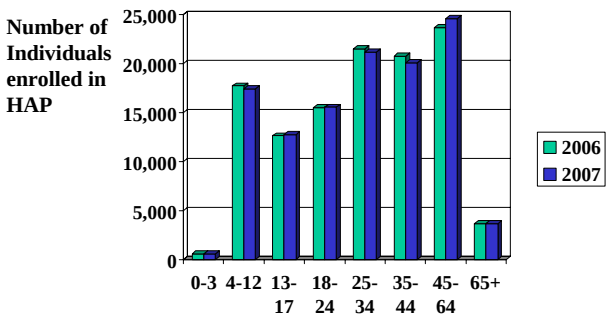
## Consumer Satisfaction Survey Report Card:

The Division of Mental Health and Addiction publishes an annual Consumer Satisfaction Survey Report Card (CSSRC) that provides information about consumer satisfaction with Indiana mental health services and service providers. Information in the CSSRC is gathered from approximately 4,000 adults and parents or caretakers of children who are enrolled in the Hoosier Assurance Plan. Both the adult and parent/caretaker satisfaction surveys were developed as part of federal grant initiatives. The state survey results are published at: http://www.in.gov/fssa/dmha/4690.htm

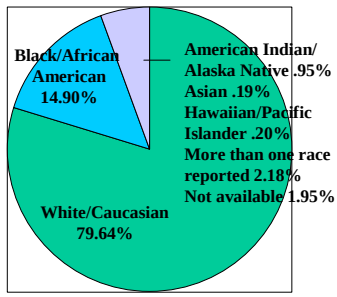
## HAP Consumer Profiles:

The charts below provide a demographic profile of HAP consumers. As the charts show, the Division provides funding for treatment of consumers of all ages from very young children to adults over the age of 65. The majority of those seeking services are White/Caucasian, while 14.9% of those seeking services are African-American and 5.46% of those seeking services represents other race categories. Living arrangement and employment status are key factors to improving outcomes. Stable, appropriate housing is necessary for consumers to begin their work toward recovery. Appropriate housing can include a group home, shared apartment, living with family, or a single family home. Employment is also important for consumers in their recovery efforts.

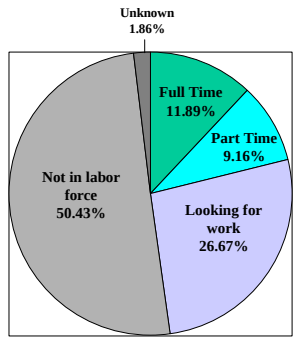
**HAP Consumers by Age**
**SFY 2006-2007**




**HAP Consumers by Race**
**Average for SFY 2006-2007**

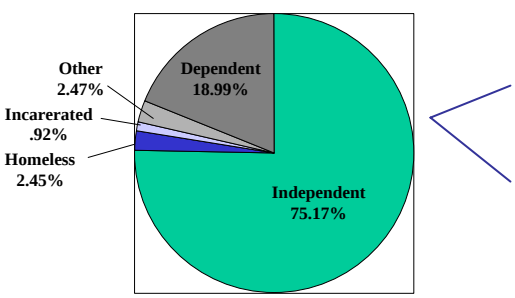



**HAP Consumers Employment Status-Adults**
**Average for SFY 2006-2007**




**Employment Status**
**Full Time**: working 35 or more hours per week
**Part Time**: working 34 or fewer hours per week
**Looking for Work**: looking for work during the last 30 days or laid off
**Not in labor force**: not looking for work in last 30 days, homemaker, student, disabled, retired or in an institution
**Unknown**: employment data not reported

**HAP Consumers Living Arrangement**
**Average for SFY 2006-2007**



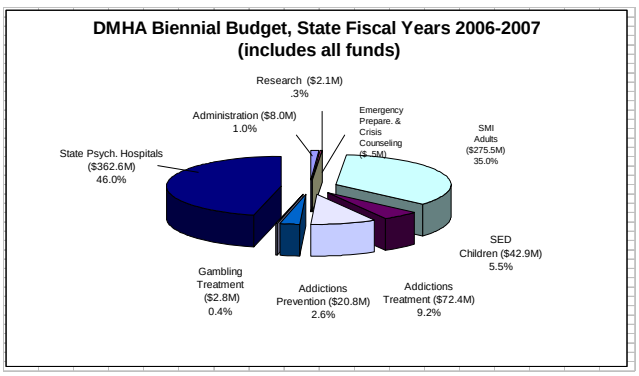

**Living Arrangements**
**Homeless:** no fixed address, includes living in shelter, car, or on the street
**Dependent:** includes nursing homes, foster care, residential facilities, state institutions or supervised living
**Independent:** those in a group home, shared apartment, living with family or in a single family home
**Incarcerated:** those in a jail or correctional setting, home detention, work release or juvenile detention
**Other:** All living arrangements not listed above

# Budget

The Division of Mental Health and Addiction budget is a combination of state and federal funds. The state funds are appropriated by the State Legislature every two (2) years in the biennium budget. The legislature makes specific appropriations for community services for children with serious emotional disturbance, adults with serious mental illness and persons with chronic addictions, the six (6) state psychiatric hospitals, research and quality assurance, and administration. In SFY06 and SFY07, DMHA funded community-based services such as nine (9) new sites of Systems of Care for children and Assertive Community Treatment (ACT) teams for adults. These intense community-based services allow children and adults who are at risk of hospitalization to be treated in their communities and provide an opportunity for persons who are in state hospitals to be returned to the community.

**DMHA Biennium Appropriations**
**SFY 2006 and 2007**
**Operating Budget (in millions)**
**(includes transferred funds)**

| | SFY06 | SFY07 |
|---|---|---|
| Community Based Services | | |
| Community Based Mental Health - Adults | 137.7 | 137.8 |
| Community Based Mental Health - Children | 21.4 | 21.4 |
| DMHA Disaster Relief Grant | .2 | .3 |
| Community Based Addiction | 48.0 | 48.1 |
| State Hospital Services | 181.3 | 181.3 |
| TOTAL SERVICES | 388.6 | 388.9 |
| Administration | 4.0 | 4.0 |
| Research & Quality Assurance | 1.0 | 1.1 |
| **TOTAL DMHA Budget** | 393.6 | 394.0 |




Federal funds in DMHA's budget for community services come from the SAMHSA Substance Abuse Prevention and Treatment (SAPT) Block Grant, the SAMHSA Community Mental Health Services Block Grant and the Social Services Block Grant (SSBG). SAPT Block Grant funds account for more than 73% of DMHA's budget for substance abuse treatment and 79% of DMHA's budget for substance abuse prevention funds. The CMHS Block Grant represents 4.5% of DMHA's budget for adults with serious mental illness and 13.8% of the budget for children with serious emotional disturbance. In each of SFY06 and SFY07, DMHA received $4.8 million from the SSBG for the treatment of persons with a dual diagnosis and children with serious emotional disturbance.

## Medicaid:

The DMHA Community Mental Health Center providers have been able to maximize state appropriated service dollars through the Medicaid Rehabilitation Option (MRO) program. Medicaid is a

**Medicaid Rehabilitation Option (MRO)**
**SFY 2006 and SFY 2007**

| | SFY 2006 | SFY 2007 |
|---|---|---|
| CMHC MRO Expenditures | $291,633,135 | $275,767,779 |
| MRO Unduplicated Recipients | 74,296 | 70,259 |

health care program for low-income and disabled individuals that is jointly financed by state and federal governments. Each state administers its own program within broad federal guidelines. In Indiana, the Division of Mental Health and Addiction, under an interagency agreement with the Office of Medicaid Policy and Planning (OMPP), is responsible for the administration of certain community-based services for adults and children with mental illness and/or chronic addiction under the Medicaid Rehabilitation Option. In SFY06, Community Mental Health Centers provided $291,633,135 in MRO services to 74,296 adults and children. In SFY07, CMHCs had total MRO expenditures of $275,767,779. More than 70,259 adults and children received MRO services in SFY07.

### State Psychiatric Hospital Budget:

Indiana's six State Psychiatric Hospitals operate with individual budgets. DMHA uses state and federal funds to offset operating costs. Federal funds come from a variety of sources including Federal Medicare and Medicaid payments and federal disproportionate share funds. The hospitals also receive funding from patients, private insurance, and other programs that pay a patient's hospital costs.

**Indiana State Psychiatric Hospital**
**Operating Expenses for 2006 and 2007 (in millions)**

| State Hospital | SFY 2006 Operating Cost | SFY 2007 Operating Cost |
|---|---|---|
| Evansville Psychiatric Children's Center | $3.4 | $3.6 |
| Evansville State Hospital | $25.7 | $26.2 |
| Larue Carter Memorial Hospital | $25.6 | $24.8 |
| Logansport State Hospital | $43.1 | $46.9 |
| Madison State Hospital | $27.9 | $26.2 |
| Richmond State Hospital | $35.4 | $36.5 |
| Totals | $161.1 | $164.2 |

## State Psychiatric Hospitals

### The Role of Indiana's State Psychiatric Hospitals:

Indiana's State Psychiatric Hospitals serve many roles in their respective communities. They are inpatient treatment units for those who need an intensive level of treatment; they are excellent teaching and research facilities for students and professionals in the fields of mental health and addiction; and they are good neighbors in their community, adding to the local economy and culture. The state hospital system serves adults with mental illness, including adults who are mentally retarded/developmentally disabled, who have chronic addictive disorders, who are deaf or hearing impaired and who have forensic involvement as well as children and adolescents with serious emotional disturbances. Non-forensic Patients are admitted to a state hospital only after a screening is conducted by a Community Mental Health Center who becomes responsible for providing case management to the patient in the hospital and acts as a "gatekeeper" facilitating a patient's transition from the hospital back to the community or other appropriate setting. Transitional care services at the hospitals are used to help patients make a smooth transition to community living, and staff for these services work with the patient's CMHC on treatment planning and discharge. Forensic patients, who are individuals found incompetent to stand trial under the criminal code, must be committed to the Division of Mental Health & Addiction. The Office of General Counsel designates the appropriate state hospital and issues the confinement authority to the criminal court under delegated authority by DMHA. Individuals who are subject to civil mental health commitment to a state hospital with a

Forcible felony pending or after having been found not guilty by reason of insanity are required to be screened through a community mental health center with that mental health center's SOF liaison working through the Office of General Counsel for appropriate placement under delegated authority by DMHA. Inmates of the Indiana Department of Correction or the Federal Bureau of Prison's who are to be considered for transfer to a state hospital are required to be approved and referred though the Office of General Counsel under delegated authority by DMHA.

| Numbers served in State Psychiatric Hospitals | | | | | |
|---|---|---|---|---|---|
| State Fiscal Years 2006-2007 | | | | | |
| | 2006 | | | 2007 | |
| **Children Served** | | | **Children Served** | | |
| **Ages of Children** | | **# Served** | **Ages of Children** | | **# Served** |
| | 5-9 | 11 | | 5-9 | 14 |
| | 10-14 | 68 | | 10-14 | 64 |
| | 15-17 | 60 | | 15-17 | 50 |
| | **Total** | 139 | | **Total** | 128 |
| **Adults Served** | | | **Adults Served** | | |
| **Ages of Adults** | | **# Served** | **Ages of Adults** | | **# Served** |
| | 18-24 | 244 | | 18-24 | 231 |
| | 25-44 | 923 | | 25-44 | 943 |
| | 45-64 | 646 | | 45-64 | 642 |
| | 65+ | 82 | | 65+ | 85 |
| | **Total** | 1895 | | **Total** | 1901 |

### Hospital Accreditation:

The six (6) Indiana State Psychiatric Hospitals are accredited by the Joint Commission and three (3) hospitals maintain Intermediate Care Facilities for the Mentally Retarded (ICF/MR) certification. To maintain Joint Commission accreditation, all hospitals are required to participate in a performance measurement program. This is accomplished through participation in the National Research Institute Performance Measurement System, which provides a framework within which the state psychiatric hospitals can identify and implement consistent measures of performance and outcomes. Consistent measurement produces the ability to benchmark the critical indicators of performance and outcomes, leading to the identification and implementation of processes that improve client recovery.

## Community Programs

### Recovery Oriented Service System:

In alignment with the President’s New Freedom Commission on Mental Health Report, “Achieving the Promise: Transforming Mental Health Care in America”, the State of Indiana began the process of transforming the existing mental health and addiction services system. The current goal is to transform to a system that is an evidence-based, coordinated, oversight system which engages consumers and families and promotes access at the earliest possible stage of need to recovery-based services in an efficient manner. Appropriate services should be provided within the person’s own community setting, in the least restrictive environment, using the person’s natural supports. The service system should assist the person to achieve an improved sense of mastery over his or her condition and to regain a meaningful, constructive sense of membership in the community.

# Community Based Services for Adults with Serious Mental Illness

## WRAP:

Researcher, author, and educator Mary Ellen Copeland has written the Wellness Recovery Action Plan (WRAP) based on 12 years of studying how people who have various mental health issues help themselves to feel better and how they recover. WRAP is used widely across the United States and around the world and is considered an exemplary practice by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. WRAP has helped numerous people who experience difficult psychiatric symptoms, some for many years, take charge of their lives and move on with recovery." DMHA sent three (3) trainers to attend the Mental Health Recovery Advanced WRAP Facilitator Certification training held in Brattleboro, VT. The Advanced WRAP Facilitator Certification training was a rigorous, week long Train-the-Trainer model, in which all of the participants were experienced WRAP facilitators. At the Advanced Facilitator Training, the team of three (3) obtained information and experience needed to teach others how to facilitate Mental Health Recovery and Wellness Recovery Action Planning groups and to give related presentations. All three (3) passed the stringent certification requirements and are now qualified to certify others as WRAP facilitators in Indiana. Through SFY07, 1,524 persons have been trained at 14 community mental health centers and five (5) state hospitals totaling 65 WRAP presentations. Four (4) facilitator trainings have been held with 46 new WRAP facilitators graduating.

## Assertive Community Treatment (ACT):

Assertive Community Treatment is an intensive community-based level of treatment that utilizes a team of professionals to serve adults with serious mental illness who might otherwise require hospitalization. The ACT team is comprised of a psychiatrist, a team leader, a nurse, substance abuse specialists, supported employment specialists and other mental health professionals. The DMHA ACT rules allow for a peer support specialist to be part of the team, and many ACT teams have added this valuable position. The team works together to provide intensive services to help consumers with all aspects of living in the community, including medication management, housing, independent living skills, counseling, employment, addiction treatment and budgeting. DMHA has contracted with the ACT Technical Assistance Center at Indiana University/Purdue University in Indianapolis to promote the implementation of ACT and to train and monitor developing ACT teams. Twenty-five providers staff ACT teams with some having multiple teams resulting in a total of thirty-one ACT teams.

## Integrated Dual Diagnosis Treatment (IDDT):

A 1998 study estimated that over 223,000 Hoosiers have a co-occurring mental illness and substance abuse disorder. Integrated Dual Diagnosis Treatment (IDDT) is an evidence-based practice that integrates mental health and addiction services for consumers with co-occurring severe mental illness and addiction. IDDT is a team approach with assertive outreach and low caseload ratios. Clinicians on IDDT teams address mental health and addiction at the same time in one setting rather than referring clients to two separate treatment providers. In 2003, there were four (4) providers that started IDDT programs as part of a study with Dartmouth University. An additional two (2) providers offered IDDT programs in 2005. Grant-Blackford Mental Health Center has fully embraced IDDT by training the entire clinical staff in this model.

## Supported Employment:

Supported employment enables people with disabilities who have not been successfully employed to find work. Unemployment rates for persons with mental illness remain at over 80%. Employment for those with mental illness is often therapeutic. People with mental illness who are employed typically demonstrate a reduction in symptoms, higher rates of compliance in taking their medication, a decrease in hospitalization, an increase in self esteem and an enhanced quality of life. Data collected by Dr. Perkins of Ball State University demonstrate that treatment costs and Medicaid costs are lower for persons that are employed. Supported employment focuses on a person's abilities and provides the supports the individual needs to be successful on a long-term basis. DMHA and the Office of Vocational Rehabilitation (OVR) combine funding to create grants to help community mental health centers develop supported employment programs. DMHA and OVR provide funding for the supported Employment and Consultation Training Center (SECT) at the Center for Mental Health in Anderson. SECT, established in 1995, provides training and consultation to the existing and developing supported employment programs across the state. Twenty-eight community mental health centers have supported employment services.

## Illness Management and Recovery (IMR):

Illness Management and Recovery (IMR) is a structured approach to helping adults with severe mental illness manage their lives independently. IMR provides a set of specific techniques to educate consumers about their illness and related issues, such as medications and side effects, and to train them to use successful skills and strategies to cope and prevent relapse. Under a grant from SAMHSA, the ACT Center began training and assisting in the development of IMR at six (6) sites in the state. This training continues to be offered.

## Opioid Addiction Treatment Programs:

The Division is responsible for approving all Opioid Addiction Treatment Programs (OTPs), commonly called methadone clinics, and for certifying them as addiction treatment service providers. Additionally, the Division shares oversight of these programs with the federal Substance Abuse and Mental Health Services Administration and the Drug Enforcement Administration and oversees OTP adherence to IC 12-23-1-6 and 12-23-18, the Methadone Diversion Control and Oversight (MDCO) program. In addition to requiring annual diversion control plans and site visits of all OTPs, the MDCO mandates an annual report on program data and outcomes to the Governor and the Legislative Council. The MDCO also provides funds for DMHA administrative use through assessing OTPs a $20 annual out-of-state patient fee.

In SFY07, the Division approved two new OTPs, one in Valparaiso and one in Marion, bringing the number of Indiana OTPs to 14. Eleven of Indiana's 14 OTPs are privately owned, for-profit clinics, and patients of all OTPs pay at least part of the treatment costs. The Division provides partial financial support for patients of OTPs operated by community mental health centers in Lake and Marion counties. OTPs must provide medication, physical examination, treatment planning, counseling and referral to ancillary services. In Calendar Year 2006, Indiana OTPs provided services to 10,702 individuals addicted to opioid drugs. Sixty percent of those receiving services reported addiction to opiate pain medication, with the remaining 40% reported addiction to heroin. In 2007, 47.7% of patients treated at Indiana OTPs were residents of other states, with the greatest numbers traveling from Kentucky (28.65%) and Ohio (17.9%).

## Critical Populations:

Critical Populations are those individuals or groups that traditionally have not been served or have been underserved in the Mental Health and Addiction arena. These individuals or groups are linked together by common factors such as poverty, disability, lack of insurance, lack of accessibility to the mental health and addiction care system and mobility. Populations that are disproportionately affected in the mental health and addiction system include, but are not limited to, African-American, Hispanics/Latino, Asian-Americans, Native-Americans, Hawaiian or Pacific Islanders, persons who are homeless, older adults, persons who are deaf or hearing impaired, persons with physical disabilities, migrants and persons with HIV/AIDS. DMHA continues to expand its ongoing network of relationships among consumers, family members, providers, community organizations, advocates, agencies and concerned citizens locally and nationally in order to enhance participation in DMHA programs, goals, and objectives.

# Community Based Services for Children with Serious Emotional Disturbance

An array of services exist in Indiana to address behavioral health needs of children and their families such as prevention, early identification and intervention, outpatient services, intensive community based services including intensive case management, therapeutic foster care, wraparound processes through child and family teams and treatment of children in residential care. Initiatives across service systems grew in both local communities with the development of Systems of Care (SOC) and at the state level with integrated planning and implementation of the screening, assessment, and treatment of children with behavioral health needs in the child welfare system. The latter demonstrated the effectiveness of state level collaboration to improve access and quality of services. Recommendations from a cross systems workgroup on assessment were made to the state agencies that serve children and families. Highlights of Indiana's initiatives for children and families include Systems of Care, Children's Comprehensive Social and Emotional and Behavioral Health Plan and Family Support and Involvement.

## Systems of Care:

During SFY06 and SFY07, nine (9) new Systems of Care joined the 40 existing SOC communities. The growth of Systems of Care exemplifies how the philosophy of community-based, family driven, culturally competent care is transforming Indiana's child behavioral health system. Each year, DMHA supports the development of new Systems of Care communities through grants, training and coaching through the Technical Assistance Center for Systems of Care and Evidence-based practices for Children and Families. Over 1,000 children with serious emotional disturbance and their families received wraparound services through Systems of Care. The SOC communities are overseen and supported by their community partners, local Department of Child Services, school corporations, juvenile justice agencies and advocacy groups. Annually, they measure how closely they are following the effective wraparound model through participation in the Wraparound Fidelity Index (WFI) survey. Results from the initial administration of the WFI indicated that SOC's in Indiana have an adequate level of wraparound being delivered with fidelity to the wraparound model.

## Children's Comprehensive Social, Emotional and Behavioral Health Plan:

When the 2005 Indiana General Assembly legislated the new Indiana Department of Child Services, they required the development of a comprehensive plan to address the social, emotional and behavioral health needs of all children. The Department of Education was charged with facilitating the plan, which was written by the mandated group of state agencies: Division of Mental Health and Addiction, Department of Child Services, juvenile justice, special education, family members, Indiana State Department of Health, Department of Correction and Medicaid. In September 2006, the plan was released. The plan can be viewed at the Department of Education/Division of Exceptional Learners website at: http://www.doe.in.gov/exceptional/TaskForce.html.

## Family Support and Involvement:

Creating additional support for families and caregivers of children with serious emotional and behavioral needs is a priority. Family support groups have been established through many systems of care. Annual Family Conferences are held to share information and support among families, and to educate professionals about the family perspective. The Family Action Network (FAN) of Lake County has offered group consultation, a toll-free line, and collaborates in trainings with the Technical Assistance Center for Systems of Care and Evidence-based practices for Children and Families. With the assistance of FAN, youth who have personally experienced the mental health and addiction service system are becoming involved in the design and development of programs for children and adolescents.

# Prevention Programs

The Division of Mental Health and Addiction targets Hoosiers through mental health promotions and addiction prevention programs. DMHA's programs are funded through the federal Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention.

## Afternoons R.O.C.K. (Recreation, Object lessons, Culture and Knowledge) in Indiana:

Nearly two-thirds of all new drug experimentation in Indiana begins between the end of 6th grade and the end of 9th grade. Afternoons R.O.C.K. in Indiana seeks to reach these youth and stop problems before they start. Developed by DMHA and the Indiana Prevention Resource Center, Afternoons R.O.C.K. provides youth with a prescribed strategy of structured and unstructured activities that promote positive social relationships and skills. Afternoons R.O.C.K. was designed to meet during the critical after school hours of 3 to 6 p.m. Fourteen regional programs provide adult-supervised, after school prevention programs to youth ages 10 to 14. Programs are designed to teach youth about social and media influences, conflict resolution and refusal/resistance skills, gang and violence prevention, and the structuring of leisure time to be free of alcohol, tobacco and other drug use. In SFY06 14,292 youths were served from the SAPT block grant. In SFY07, 14,614 youths were served.

## Prenatal Substance Use Prevention Program (PSUPP):

DMHA collaborates with the Indiana State Department of Health (ISDH) to provide regional education-based prevention services to pregnant teens and adults. The program educates pregnant women about the effects of drugs on the fetus and drug-free alternatives. Alcohol, tobacco, or drug use during pregnancy can lead to low birth weight, premature birth, congenital anomalies, still birth, mental retardation or other neuro-behavioral effects. Participants in the program receive information, education services in clinics, and home visitations by ISDH employees.

## L.E.A.D. (Leading and Educating Across Domains) Initiative:

The Leading and Educating Across Domains (L.E.A.D.) Initiative is a project to develop youth leadership skills. Participants are trained to lead and to train other youth in philanthropy, advocacy, normative education, and resistance skills. Youth development organizations such as Boys and Girls Clubs collaborate with the DMHA contractor, Geminus Corporation, to bring this youth development program to teens around the State. The youth participate in this program for three (3) years.

## Indiana Suicide Prevention Coalition (ISPC):

The Indiana Suicide Prevention Coalition (ISPC) is sponsored by the Indiana University-Purdue University Fort Wayne Behavioral Health and Family Studies Institute. Members include the Division of Mental Health and Addiction, Indiana State Department of Health, Department of Education, Department of Veteran Affairs, Marion County Mental Health Association and the National Alliance on Mental Illness. The mission of the Coalition is to coordinate, facilitate, advise and provide resources to Indiana communities for activities that reduce deaths due to suicide, occurrence of suicidal behaviors and effects of suicide on Indiana citizens. The coalition has expanded to form ten (10) regional coalitions. There have been ten (10) walks for suicide prevention and awareness as well as three (3) city and two (2) state proclamations. The coalition also facilitated the training of approximately 50 individuals in the Applied Suicide Intervention Skills Training (ASIST) program.

## Indiana Problem Gambling Prevention Initiative:

The Indiana Problem Gambling Prevention Initiative, which is funded by the Indiana Gambler's Assistance Fund, provides technical assistance to Indiana communities to prevent the development of problem gambling by children, adolescents, adults, senior citizens and other "vulnerable" populations. This initiative is being led by the Indiana Prevention Resource Center (IPRC), DMHA's substance abuse prevention technical assistance contractor. A compulsive gambler is a person who meets the criteria for the diagnosis of pathological gambling and who continues to gamble despite repetitive harmful consequences. Gambling treatment efforts include a Toll Free Referral Line (800-994-8448) and state endorsed treatment providers who offer a full array of care.

## State Emergency Disaster Response:

Indiana made a significant commitment to the survivors of Hurricane Katrina in Fall of 2005. Governor Mitch Daniels offered the resources of Operation Hoosier Relief to the citizens of Mississippi. The Indiana Department of Homeland Security and the Indiana Division of Mental Health and Addiction collaborated and coordinated services to approximately 5,000 people who were relocated to Indiana as a result of the Gulf Coast disaster through Indiana Project Aftermath (IPA). IPA was a crisis counseling program established through an immediate and regular services grant from SAMSHA. The $650,000 program concluded in October 2006.

**For additional information on DMHA data, reports and publications please visit the website at:**

**http://www.in.gov/fssa/dmha/index.htm**